

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILED DATE
10/SS8703	UNLAWFUL

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2							52						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.							TOTAL REQ.	4					
TOTAL OPT.							TOTAL OPT.	66					
TOTAL CLAIMS							TOTAL CLAIMS	70					

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